JUN 0 4 2014

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40	٠п	our	131	Duce

	,	Amendmen	
Page	of (☐ Yes	□ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution.

The 48-Hour reporting period begins the day after the last day of the 1st Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-Plus report and ends the day of the General Election.

All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

This notice may be faxed in order	r to meet the 48 hour deadlir	ie.	
1. Committee Information			
a. Full Name			c. ID Number
The Committee to	DElect Steve	H. Owens	YJ63RI
b. Mailing Address (include City, State	e and Zip Code)		d. Report Date
151 Davenpor Rutherfordton,	t Road		10-4-14
D. W fredton	na 23120		e. Phone Number
huther love long	116 98124		202 1102 2 2
			828-429-0348
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phor	ne 🔲 Add	a. Full Name, Mailing Address & Pho	ne 🔲 Add
(include city, state, and zip)	Remove	4 BOX AND AND A 1 SALE OF A STATE	Remove
Steve H. Owens		KEIVNETH C. S.	AUVe
151 Davenport R	bad		
Rutherfordton, n		6326 South Hay	a colomouslie
828-429-0348		929-963-4480	2/20122
b. Type of Contributor		b. Type of Contributor	
	ust specify b2 and b3)		ust specify b2 and b3)
Political Party		Political Party	er (Million of the Control of the Co
Other Political Committee	(if checked, must specify b1)	Other Political Committee	(if checked, must specify b1)
☐ Not-for-Profit (if checked, mu	ust specify b4)	☐ Not-for-Profit (if checked, mi	ust specify b4)
Z Other Source:			
b1. Type of Committee		b1. Type of Committee	
Federal County:		Federal County:	***************************************
State Municipality:		State Municipality:	L
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Office	A-	Asst Dist. Atty	- -
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
State of n.C. Dist. Athm. Office	Chark	Dist. Atty Office	check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
6-4-14	\$ 7000E	6-4-14	\$ 1000
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$24,42390	+	\$ 213200
3. Total Contributions THIS Pa	age (sum all the '2f' entries	on this page)	\$ 80000
4. Total Contributions ALL Pa	ges (if multi-page, only list	on page 1)	\$ 30000
CERTIFICATION			+ <i>C//OO</i>
I certify that the Committee or Fur General Statutes and that no funds complete, true, correct and that I h	are commingled with prohibite ave been trained by the NC Star filed. I understand that all cont	visions of Article 22A, 22B,& 22D-22M ed or other non-disclosed funds. I fur te Board of Elections. The contribution tributions including those reported or	ther certify that this report is ons were received no more than
Elizabeth (91. Davis &	Cocheth D. Docugnature of Appointed Treasurer	0 6-4-14 Date

CRO-2220

Loan Proceeds JUN 0	4 2014	1	Pg of		Amendment Yes No
Use this form to report proceeds from a loan and loan	endorse	er's informat			
A loan proceeds statement must accompany each loan	that is	from an indi	vidual		
1. Committee Full Name (and Fund if applicable)				2.	ID Number
The Committee to Elect S	Stei	e H.C	wens	\	JU3RI
3. Lender Information	1500	Add	Remove	20,000	
a. Full Name, Mailing Address & Phone		b. Job Title/I	^	and the second	Comments
(include city, state, & zip)		Legal	Asst. D.	u, 3	
Steve H. Owens		off.	r c	e. S	Start Date (mm/dd/yyyy)
151 Davenport Ka.			s Name/Specific Fie	ld	6-11/11
Steve H. Owens 151 Davenport Rd. Rutherfordton, NC 28139			e of no		07-17
828-429-0348		Dist.	Attu. Cff	f. E	and Date (mm/dd/yyyy)
- 10 10 10					
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form of Paymen	t	k. Amount
J % Z			Check		\$7,000.00
I. Full Name of Lending Institution				m.]	Loan Number
4. Endorsers/Makers (The people who guarantee the load	n.)	等	4 4 4 5 7 5		请用着的例外 。这
a. Full Name, Mailing Address & Phone		b. Job Title/F	rofession	c. Emplo	yer's Name/Specific Field
(include city, state, & zip)					
		d. Percentage		e. Amou	nt
			%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c. Emplo	yer's Name/Specific Field
(include city, state, & zip)					
		d. Percentage		e. Amou	nt
			%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c. Emplo	yer's Name/Specific Field
(include city, state, & zip)					
		d. Percentage		e. Amou	nt
			%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c. Emplo	yer's Name/Specific Field
(include city, state, & zip)					
		d. Percentage		e. Amou	nt
			%	\$ -	
			,,	3500	~ 00 000
5. Total of ALL CRO-1410 Pages				\$	JMMO00



State Board of Elections 441 N Harrington Street Raleigh, NC 27603 JUN 0 4 2014

Kim Westbrook Strach Executive Director

CRO-6100

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

May 2013

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

•	Name of committee to receive loan: The Commettee to Elect Steve H. OLD
•	Person or committee to make loan: Steve H.Owens
•	Date of loan to committee: b-4-2014
•	Name of lending institution and account number (source):
•	Amount of loan: # 7,000.00
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
_	Steve H. Owens
•	Period of loan: 12 months
•	Rate of interest of loan:
•	Security pledged for loan:
Ι, _	Steve H. Cythos, acknowledge that all of the information (Person lending money to committee)
pro	ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
80	2 11 (Mm 6-4-14
Si	gnature of Lender Date Signed
<u>~</u>	Illizabeth D. Davie 6-4-14
OI!	gnature of Treasurer of Committee Date Signed
	Note: This Statement is to be filed with the Election Board where the committee's reports are filed

Loan Proceeds Statement